



**2014 Summer Covington Parks and Recreation
Adult CO-ED Softball
Team Registration Form**



Name of Team _____

Team Manager _____ Email _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Assistant Manager (Optional) _____ Email _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Primary Playing Night (Check one) Monday: _____ Wednesday: _____ Thursday: _____ No Opinion: _____

**PLEASE HAVE EVERYONE ON THE TEAM FILL OUT AND
SIGN ROSTER AND RETURN WITH THIS FORM TO CITY HALL**

Roster Fee & Roster Due:

Monday, June 16

\$975.00/team

NO INDIVIDUAL REGISTRATION

TEAM REGISTRATION ONLY

League Play Begins:

Monday, June 23

CREDIT CARDS (Visa or Master Card Accepted)

Visa or Master Card # _____

Expiration Date _____

Name on Card _____

Checks payable to City of Covington

Please send form and fees to:
Covington Parks & Recreation
Attn: Finance
16720 SE 271st St, Covington, WA 98042
(253) 480-2499

Checks payable to City of Covington

PLEASE DO NOT MAIL CASH

For Office Use Only

Summer 2014

PLEASE DO NOT MAIL CASH
CHECKS PAYABLE TO CITY OF COVINGTON

Covington Parks and Recreation Release and Hold Harmless Agreement: In the absence of a signature, registration for the program, payment of fees and/or participation in the program(s) or activity(ies) shall constitute acceptance of the conditions set forth in this release. I agree to indemnify, release and hold harmless the City of Covington, all of its officers, agents, volunteers and employees, from any and all liability for injuries, claims, costs, loss or damage to persons (including death) or property, that result from, arise out of or are in any way, directly or indirectly, connected with the use of City of Covington owned or operated facilities, City of Covington sponsored events or programs or that may be the result of or related in any way to any negligence or other acts or omissions of the City of Covington, its officers, agents, employees or volunteers. I grant full permission to use any photographs, video tapes or any other record of this program for any City of Covington informational or promotional use. I am agreeing to these terms on behalf of, and they are binding on myself, my family and my heirs, beneficiaries, personal representatives and estate.

Non-Sufficient Fund (NSF) Check Policy: A NSF check processing fee will be imposed for all returned checks and could result in refusal of future participation.

Our mission is to build a great community together through people, parks and programs.